

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523312
10523312

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	1		1		1	
4	1			2		2
5		2		2		2
6		2		2		2
7		2		2		2
8		2		2		2
9		2		2		2
10		1	1		1	
11	1			2		2
12		2		2		2
13		2		2		2
14	1			3		3
15		2		2		2
16		2	1		1	
17		2		1		1
18		2		1		1
19						1
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TOTAL IND.		↓	4	↓	5	↓
TOTAL DEP.		←	23	←	28	←
TOTAL CLAIMS			27		33	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						